

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4		1				
5		2				
6		2				
7		①				
8		①				
9	1					
10	1					
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TOTAL IND.	↓	3	↓		↓	
TOTAL DEP.	↓	10	↓		↓	
TOTAL CLAIMS		13				

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.	↓		↓		↓	
TOTAL DEP.	↓		↓		↓	
TOTAL CLAIMS						